

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of ~~MARCH~~ APRIL 2015

Name MRS A. STEEL

WYCHAVON DISTRICT COUNCIL  
24 JUL 2015  
RECEIVED  
POST ROOM



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>10<sup>th</sup></u>	<u>site visits &amp; Planning meeting</u>	<u>C Centre</u>	<u>Home 9:30AM</u>	<u>CC 7PM</u>	<u>22.2</u>	
<u>13<sup>th</sup></u>	<u>localism Panel</u>	<u>"</u>	<u>Home 9AM</u>	<u>CC 15:30</u>	<u>22.2</u>	
<u>15<sup>th</sup></u>	<u>Council</u>	<u>"</u>	<u>Home 4PM</u>	<u>CC 8:30PM</u>	<u>22.2</u>	
<u>30<sup>th</sup></u>	<u>Planning meeting</u>	<u>"</u>	<u>Home 1PM</u>	<u>CC 5:30PM</u>	<u>22.2</u>	
	<u>P.C. meetings - Coo Hill</u>				<u>6.00</u>	
					<u>98</u>	<u>£</u>

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

8

10-11-15-EX